PTO/SB/01(12/97) Approved for use through 09/30/2000. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

To Be Assigned

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| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION | | Attorney Docket Number | JPC9990A | | | |
| | | First Named Inventor Chikara Uchida | | | | |
| | | COMPLETE IF KNOWN | | | | |
| (37 CFR 1.63) | Application Number | 10 251,109 | | | | |
| Declaration submitted | Declaration Submitted after Initial | Filing Date | 09/20/2002 | | | |
| with Initial Filing | Filing (surcharge 37 CFR 1.16 (e)) | Group Art Unit To Be Assigned | | | | |
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Examiner Name

| As a below named inventor | , I hereby declare | that: | | , , , , , , , , , , , , , , , , , , , | | |
|--|---|---|---|---|--------------------|--|
| My residence, post office add | lress, and citizensh | p are as stated below next to my na | ame. | • | | |
| | | (if only one name is listed below) or ich is claimed and for which a pater | | | plural | |
| Imidazopyridine Compounds | s as 5-HT4 Recepto | r Modulators | | | | |
| - | | ų. | | | 1 | |
| | | (Title of the Invention) | | | | |
| the specification of which is attached hereto | | , | | | | |
| OR was filed on (MM/DD) | YYYY) 09/20/2 | 2002 as Unite | ed States Application N | umber or PÇT Interr | national . | |
| Application Number I hereby state that I have reviamended by any amendment | ewed and understa | was amended on (MM/DD/YYYY) nd the contents of the above identif d to above. | | (if applicab luding the claims | | |
| I acknowledge the duty to dis | close information w | hich is material to patentability as d | efined in 37 CFR 1. | 56. | | |
| certificate, or 365(a) of any F America, listed below and ha | PCT international ap we also identified be | J.S.C. 119(a)-(d) or 365(b) of any for plication which designated at least blow, by checking the box, any foreifiling date before that of the applications. | one country other the gn application for pa | an the United,Sta tent or inventor's | ites of | |
| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Co YES | py Attached? NO | |
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| Additional foreign application | n numbers are liste | d on a supplemental priority data st | neet PTO/SB/02B at | tached hereto: | | |
| I hereby claim the benefit und | der 35 U.S.C. 119(e |) of any United States provisional a | pplication(s) listed t | elow: | | |
| Application Number | (s) | Filing Date (MM/DD/YYYY) | | | | |
| | | 22/2001 | numbers suppleme | Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto. | | |

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Please type a plus sign (+) inside this box -> **DECLARATION ---- Utility or Design Patent Application** I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filling date of the prior application and the national or PCT International filing date of this application. U.S. Parent Application Number or PCT Parent **Parent Filing Date Parent Patent Number** Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto, As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Place Customer Customer Number and Trademark Office connected therewith: Number Bar Code 28523 Label here Registered practitioner(s) name/registration number listed below Registration Name Registration Name Number Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number 28523 Correspondence address below or Bar Code Label Name[®] Address Address City State Zip Code: Country Telephone Fax I hereby declare that all statements made herein of my own knowledge, are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Chikara Uchida Inventor's Date Signature Residence: City Aichi-ken Country Citizenship

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Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

| Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor | | | | | | | | |
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